PRIOR DEGREE/VERIFY ENROLLMENT FORM

To be eligible for Federal student aid, a student with a prior bachelor’s degree must be enrolled in an academic program that leads to admission into a degree seeking or graduate program.

Student Information
Name: _________________________________________________________________________________________________________

Last four digits of Social Security Number: |____|____|____|____| Student ID: _______________________________________________________

Student Academic Certification

- I HAVE NOT completed a Bachelor’s Degree (Proceed to Student Signature section)
- I HAVE completed a Bachelor’s Degree (Complete all sections of this form)

Prior Degree Confirmation: List all degrees you have completed, the school from which you received the degree, and the date you graduated. Attach additional pages if necessary.

<table>
<thead>
<tr>
<th>Degree Received (ex. BS, BA, MS)</th>
<th>Name of School</th>
<th>Date Degree Received</th>
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Name of program you are seeking to complete: _______________________________________________________________________

Please indicate your reasoning for seeking additional educational training beyond a bachelor’s degree (check all that apply):

- Change careers
- Expand academic expertise
- Teacher Certification Program
- Nursing Consortia Program at UPG or UPJ
- Take prerequisite coursework to gain entry into a degree program.

Degree Level (check which degree level you are pursuing):

- Undergraduate
- Graduate

• Submit this form to your Advisor to complete the Advisor Certification section below.

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Course Number</th>
<th>Number of Credits</th>
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Advisor Certification (To be completed by your advisor only if taking prerequisite coursework to gain entry into a degree program):

I certify that ____________________________ is taking prerequisite courses to gain admission into the ____________________________ program. Signing this form does not imply, guarantee, or assist with admission to this degree program. This form only aids in determining financial aid eligibility.

Advisor Name (Printed): ____________________________ Advisor Signature: ____________________________ Date: ______

Phone: ____________________________ College/Department: ____________________________

Student Signature
_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

__________________________________________________________  Date: ______

Phone: ____________________________